

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90032 013 \*\*\*150.00

DOCUMENT # P99000102803

1. Entity Name

BEACHCOMBER HAIR SALON AND PERMANENT MAKE-UP, INC.



Principal Place of Business

1285 N. OCEAN DR.  
SINGER ISLAND FL 33404

Mailing Address

1285 N. OCEAN DR.  
SINGER ISLAND FL 33404



2. Principal Place of Business - No P.O. Box #

1285 N. Ocean Dr

Suite, Apt. #, etc.

Singer Island

City & State

FL

Zip  
33404

Country

USA

3. Mailing Address

1285 N. Ocean Dr

Suite, Apt. #, etc.

Singer Island

City & State

FL

Zip  
33404

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0989947

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES M ESQ  
1211 THE PLAZA  
SINGER ISLAND FL 33404-4740

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(Not) Registered Agent signature required when registered

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	D	<input type="checkbox"/> Delete
NAME	SHEPHERD, LYDIA D	
STREET ADDRESS	111 SHORE CT., APT. 313-C	
CITY - ST - ZIP	N. PALM BEACH FL 33408	
NAME	D	<input type="checkbox"/> Delete
NAME	ESPINOZA, STEVEN	
STREET ADDRESS	111 SHORE CT., APT. 313-C	
CITY - ST - ZIP	N. PALM BEACH FL 33408	
NAME	V	<input type="checkbox"/> Delete
NAME	SHEPHERD, LYDIA	
STREET ADDRESS	1285 N OCEAN DR	
CITY - ST - ZIP	SINGER ISLAND FL 33404	
NAME	D	<input type="checkbox"/> Delete
NAME	ESPINOZA, HECTOR	
STREET ADDRESS	111 SHORE CT., APT. 313-C	
CITY - ST - ZIP	N. PALM BEACH FL 33408	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lydia Shepherd-Damris* Lydia Shepherd-Damris 1-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 863 1422